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Dr. D. S. Lewis OCT 23 '41

NOTES OF A CASE IN WHICH MARKED ENLARGEMENT
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The usual conditions under which notable enlargement of the liver may occur in children are well recognized, and on its appearance we look for symptoms pointing to the presence of syphilis, tuberculosis, leukæmia, alcoholic or malarial poisoning, or amyloid or cardiac disease. Slight enlargement from congestion may sometimes be due to the absorption of ptomaines from the intestinal tract in cases of faulty digestion; to the administration of food containing articles more or less irritating to the hepatic cells; or to the action of toxins generated in the system during the course of some of the infectious fevers.

In the following case the enlargement was very notable. It began toward the close of the second week of fever, reached its maximum about the fourth week, and then slowly receded. It was associated with no tenderness, no ascites, no symptoms of jaundice. A careful examination, twelve weeks after the commencement of the attack, failed to reveal any undue enlargement of the liver, or irregularity in its borders.

In a very imperfect review of the literature on the subject, I have failed to note any reference made to a similar condition, with the exception of some cases reported recently in the *Journal de Clinique et de Thérapeutique Infantiles*, Paris, April 16, 1896, by Dr. Edouard Tordeus, of Brussels. This writer gives the history of five cases of lobar pneumonia, in which a very notable, but temporary, enlargement of the liver made its appearance a few days after complete defervescence had taken place. In two of these the firm, smooth edge could be distinctly felt as low down as the level of the umbilicus. There was no tenderness on palpation, no icterus, no ascites. The spleen was not enlarged, the appetite remained excellent, and the patient was in

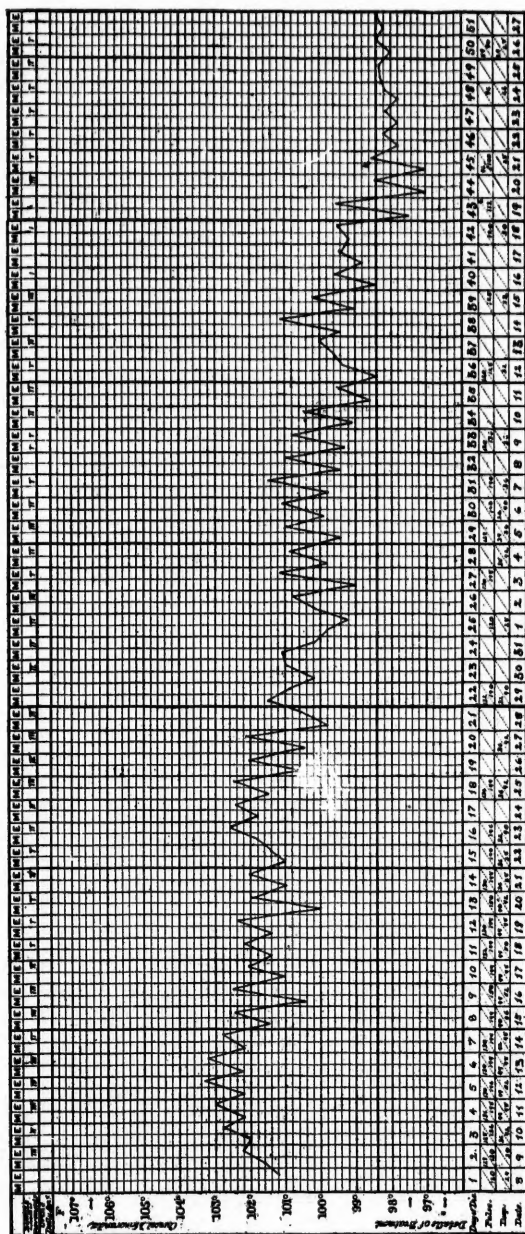
* Read before the American Pediatric Society, Montreal, May 26, 1896.

good spirits. Under suitable regimen the enlargement disappeared in a few weeks.

In my own case, although some of the symptoms simulated those of pneumonia, at no time was I able to obtain, by physical examination, definite symptoms of any consolidation, and the continued pyrexia appeared to oppose any such hypothesis.

The history of the case was as follows:

On the evening of March 8, 1896, I was summoned to see F. S., a bright, precocious child, aged two and a half years, whom I had attended at intervals from a few weeks after birth. Her parents were both in good health. The paternal grandfather died from interstitial nephritis of gouty origin; the father is a dyspeptic, and suffers from neuralgic attacks, probably also of gouty origin. The mother is of a nervous temperament, but is otherwise well. The child herself was nursed by the mother till the end of the third month, when, under my directions, she was gradually weaned. Artificial feeding proceeded very satisfactorily. The child, weighed every week, showed a steady gain in weight. Dentition was normal, and so far she had escaped all the eruptive fevers. Six weeks previously she had suffered from a slight influenzal attack, which had left her looking pale, and for which at the time I had prescribed a ferruginous tonic. On the evening of my visit I found her with flushed face and slightly coated tongue; pulse, 120; respiration, 24; temperature, $101\frac{1}{4}^{\circ}$. There was no complaint of pain, nor did a thorough examination reveal any abnormal condition. A simple alkaline mixture was prescribed. The temperature rose slowly, and on the evening of the fourth day reached 103° F. Respirations were now decidedly quickened, and the child appeared to have occasional attacks of pain, but the site of this was obscure, and appeared to be variable. The nights were restless. On the sixth day respiration still remained quickened. There was slight diarrhoea, associated with some pain, and greenish colored stools containing more than a normal amount of mucus. The abdomen was slightly distended, but no special tenderness was elicited on pressure. Splenic dulness was present. No abnormal physical signs were detected after repeated examinations of the chest. No rose spots were visible on the body. On the evening of the eighth day, as the diagnosis was still uncertain, Dr. Browne saw her with me in consultation. The daily range of temperature was now between 102° and 103° F.; the respira-



TEMPERATURE RANGE IN A CASE IN WHICH MARKED ENLARGEMENT OF THE LIVER WAS ASSOCIATED WITH SYMPTOMS RESEMBLING THOSE OF TYPHOID FEVER, IN A YOUNG CHILD.

tions from 40 to 48; the pulse was weak, 140 to 150. Diarrhœa still continued, with about the same characters. Cough could hardly be said to be present. Beyond an occasional sibilant râle no abnormal physical signs were detected in the chest. We both considered the case as possibly one of pneumonia, but no absolute diagnosis was made.

During the following week the symptoms remained about the same. The respirations were less rapid, averaging about 40 per minute, while the pulse varied from 120 to 140. There were two or three relaxed motions per day, of light color, and occasionally associated with some colicky pain. A cough occurred only occasionally, and was very slight in character. Repeated physical examinations revealed only a few loose bronchial râles toward the base. On the evening of March 22d, the area of liver dulness was first observed to be slightly increased, extending a full inch below the margin of the ribs in the nipple line. Splenic dulness increased, but the spleen was not palpable. The abdomen was slightly distended, but no special tenderness was detected on deep pressure.

A specimen of urine was not obtainable without using the catheter, but, from the appearance of the diapers, there was nothing abnormal either in its amount or its character.

The enlargement of the liver gradually increased until, by the 1st of April, its margin was distinctly palpable half an inch below the level of the umbilicus. Its surface and margin were quite smooth. No local tenderness was elicited. The enlargement was general. The lower margin of the spleen was also easily felt, extending one inch below the margin of the ribs. There was no icterus, and no ascites. Slight pitting was perceptible on deep pressure over the tibiæ.

Dr. Lafleur kindly saw the case at this time along with me, and corroborated the physical signs I have already noted. An examination of the blood, at my request, was made by him at this visit. The red corpuscles was found to number 4,666,400 per cubic mm. The white corpuscles 4,600 per cubic mm. There was no poikilocytosis. The red cells were of equal size and well formed. The hæmoglobin was not estimated.

The physical signs persisted for another fortnight, when a gradual diminution in the size of the liver followed a distinct improvement in the general symptoms. Not until the end of the sixth week did complete defervescence take place, and could

convalescence be said to be established. The edge of the liver, at this time, was still distinctly perceptible more than two fingers' breadth below the level of the ribs. It was six weeks later before I could assure the mother that it had regained its normal size.

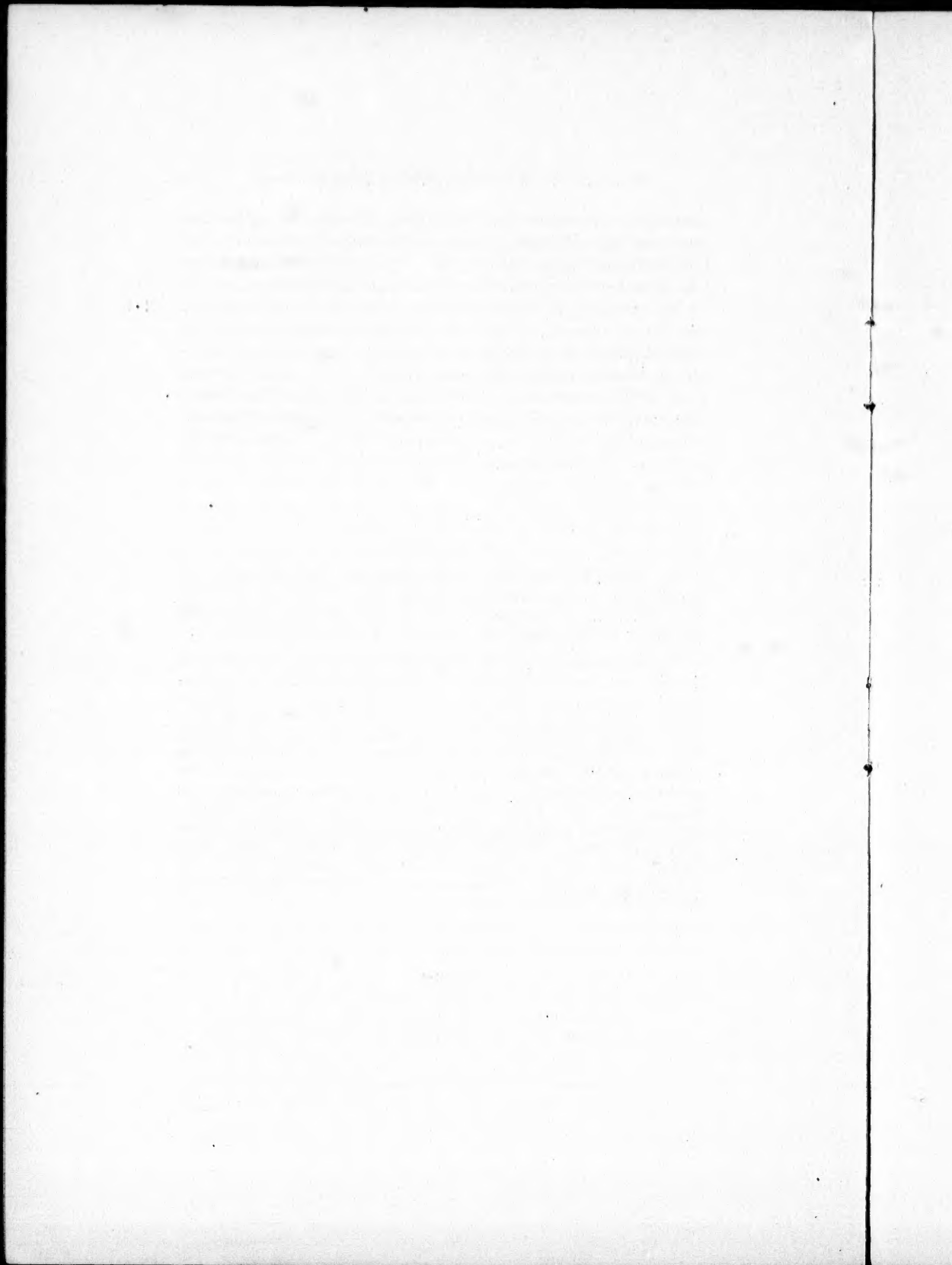
The question of diagnosis in this case must, it seems to me, still remain obscure, with the probabilities pointing in favor of typhoid fever. The enlargement of the liver is, however, interesting, whatever be the diagnosis, and the future history of such a case will be instructive. That it was an enlargement and not a displacement, may be considered as well established as repeated examinations, verified by two other physicians, could render it. Its origin and character must remain in doubt.

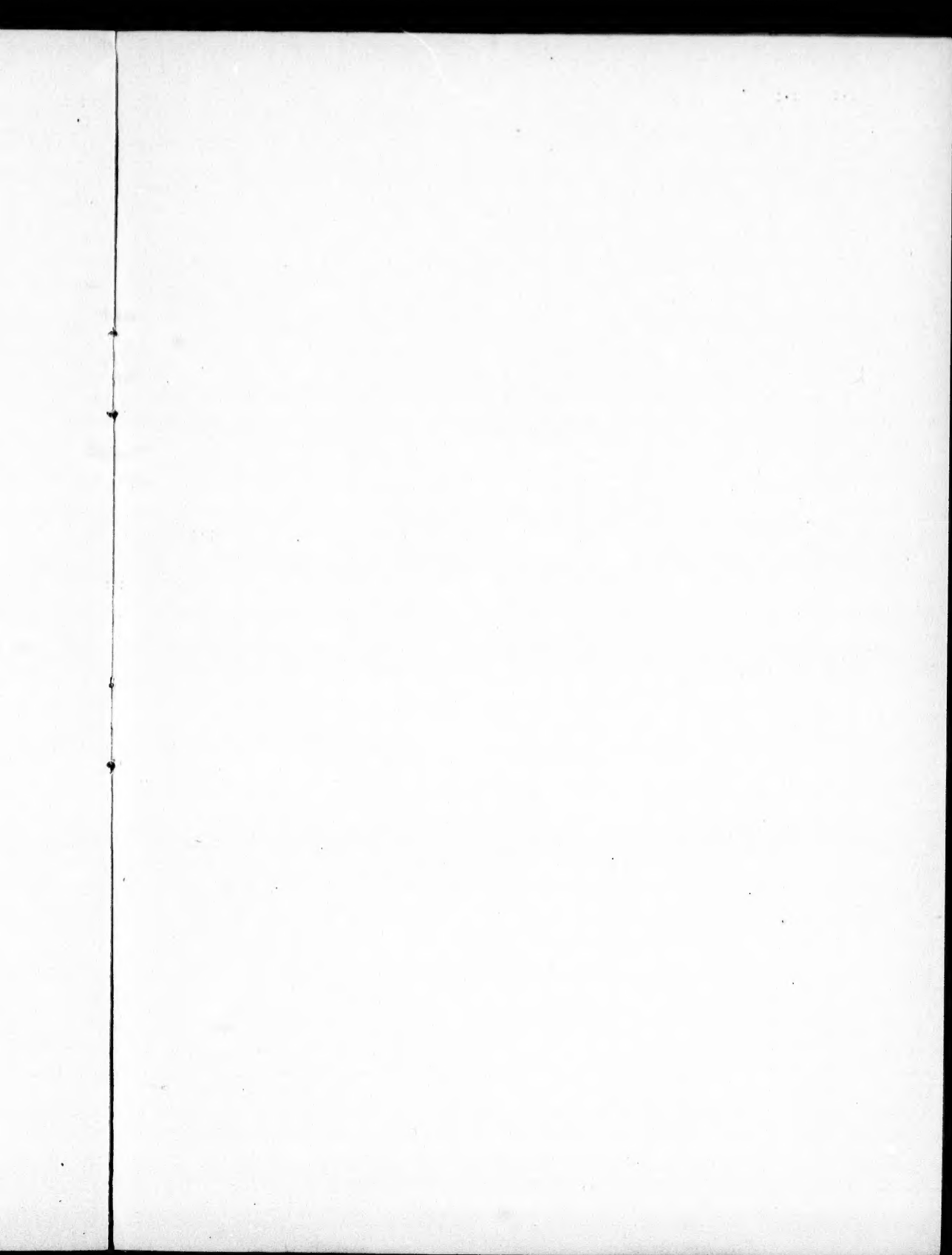
236 MOUNTAIN STREET.

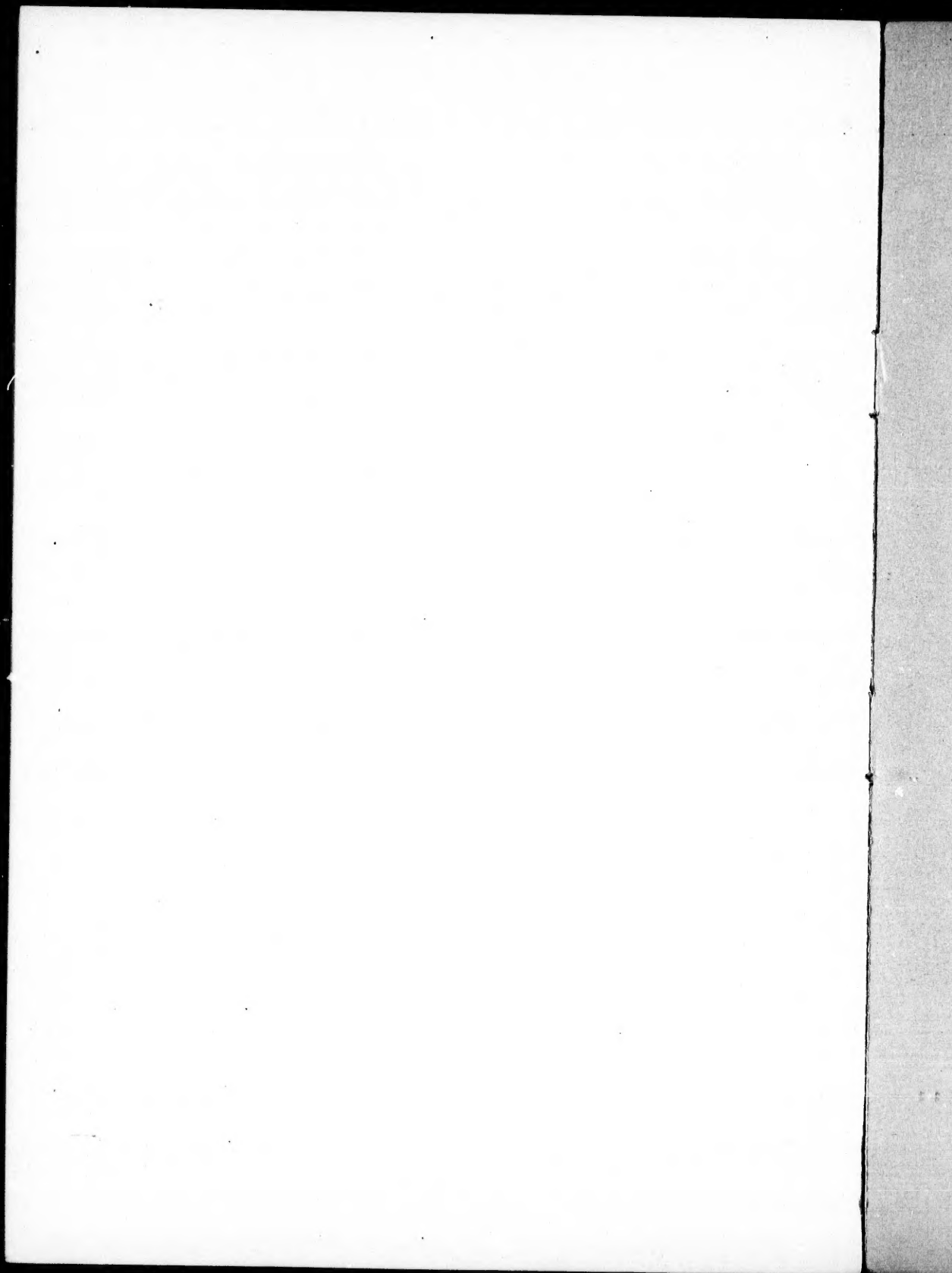
DISCUSSION.

DR. HENRI LAFLEUR.—There was only one examination of the blood made, and the idea of acute leukæmia could be excluded. The total number of leucocytes was 4,600 to the c.c. As regards the rest of the condition I corroborate what Dr. Blackader says.

DR. AUGUST SEIBERT.—I would call attention to the report of Czerny and Moser, assistants of Prof. Epstein, of Prague, published about a year ago in regard to blood examinations in infants suffering from intestinal catarrh. They examined, I think, fifteen cases, and in each case found bacteria in the blood that are otherwise found in the intestines. In most of these cases secondary swelling of the liver, of the spleen, a slight nephritis, and broncho-pneumonia were present. Enlargement of the liver and of the spleen, in cases of chronic intestinal catarrh, and sometimes following mild acute intestinal infections, I have seen quite often, and within the last five to eight years have looked upon them as general infections entering the body through the intestine. This case of Dr. Blackader's might have developed in a similar way.







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